

**APPLICATION FOR STUDENT CAREER EXPERIENCE PROGRAM
FOR
INDUSTRIAL TRADES AT
PEARL HARBOR NAVAL SHIPYARD AND
INTERMEDIATE MAINTENANCE FACILITY**

NAME (LAST)		FIRST (LEGAL)		MIDDLE (FULL)		SSN#	DOB#
MAILING ADDRESS							ZIP CODE
HOME PHONE ()		WORK PHONE ()		DAYTIME MESSAGE PHONE ()			
TOTAL COLLEGE CREDITS COMPLETED?	CURRENT COLLEGE LEVEL GPA?	CURRENT EMPLOYER If PHNSY & IMF – Shop/Code:					US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
REVIEW THE TRADE DESCRIPTIONS ON THE ATTACHED SHEET. Check up to 3 trades in which you are interested in being considered: Indicate in the block with 1st choice, 2nd choice, 3rd choice. <input type="checkbox"/> Pipefitter <input type="checkbox"/> Shipwright <input type="checkbox"/> Fabric Worker <input type="checkbox"/> Plastic Fabricator		<input type="checkbox"/> Industrial Equipment Mech. <input type="checkbox"/> Heavy Mobile Equipment Mech. <input type="checkbox"/> Shipfitter <input type="checkbox"/> Machinist <input type="checkbox"/> Insulator <input type="checkbox"/> Rigger <input type="checkbox"/> Painter <input type="checkbox"/> Welder <input type="checkbox"/> Electrician <input type="checkbox"/> Electronics Mech.		<input type="checkbox"/> Sheetmetal Mechanic. <input type="checkbox"/> Toolroom Mechanic <input type="checkbox"/> Marine Machinery Mech. <input type="checkbox"/> Air Conditioning Equipment Mech. <input type="checkbox"/> Electronics Measurement Equipment Mech. <input type="checkbox"/> Any Trade			
AS A CANDIDATE FOR THE STUDENT CAREER EXPERIENCE PROGRAM, I CAN MEET THE FOLLOWING REQUIREMENTS: (DOCUMENTATION IS REQUIRED) PLEASE CHECK EACH ONE THAT APPLIES: PHNS Requirements: _____ I CAN PROVIDE PROOF OF US CITIZENSHIP _____ I WILL BE 18 YEARS OF AGE OR OLDER AT THE TIME OF HIRING (If you are currently enrolled in High School, give Month/Year of Graduation ____/____) _____ I MUST OBTAIN A SECURITY CLEARANCE _____ I MUST PASS A PHNS – ADMINISTERED PHYSICAL EXAMINATION _____ I CAN CLAIM VETERANS PREFERENCE (provide copy of DD 214 if claiming more than 5 pts please include VA ltr and SF-15)							
EXPLAIN IN 25 WORDS OR LESS WHY YOU BELIEVE YOU SHOULD BE SELECTED FOR THE INDUSTRIAL TRADES PROGRAM:							
<p>PRIVACY ACT WAIVER: Because of the FAMILY RIGHTS AND PRIVACY ACT OF 1974, an “INFORMATION RELEASE APPROVAL” must be signed before we use information you give us on your behalf. By signing this agreement, I give permission for the CO-OP Office at HONOLULU COMMUNITY COLLEGE OR ANY COMMUNITY COLLEGE participating in the SCEP to obtain a copy of my current transcript if needed. I also authorize the CO-OP Office to release any legitimate and pertinent information about my background, experience, and academic record (including transcripts) to potential employers to whom I am making application.</p> <p>I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.</p> <p>SIGNATURE _____ DATE: _____</p> <p>OVER PLEASE, TO COMPLETE EMPLOYMENT HISTORY – DO NOT submit resume</p>							

Attach DD 214, VA Ltr if applicable and SF-15 if applicable AND THE OF-306 to your application . DO NOT ATTACH ANYTHING ELSE.

DESCRIBE YOUR WORK HISTORY, STARTING WITH YOUR MOST RECENT JOB:

(Use only the four most recent jobs you have held or other related work experience. You may also describe other training or education which is work related)

FROM MONTH/YEAR _____ TO MONTH/YEAR _____	EMPLOYER _____ ADDRESS _____ _____
RESPONSIBILITIES: _____ _____ _____ _____ _____ _____ _____	
FROM MONTH/YEAR _____ TO MONTH/YEAR _____	EMPLOYER _____ ADDRESS _____ _____
RESPONSIBILITIES: _____ _____ _____ _____ _____ _____ _____	
FROM MONTH/YEAR _____ TO MONTH/YEAR _____	EMPLOYER _____ ADDRESS _____ _____
RESPONSIBILITIES: _____ _____ _____ _____ _____ _____ _____	
FROM MONTH/YEAR _____ TO MONTH/YEAR _____	EMPLOYER _____ ADDRESS _____ _____
RESPONSIBILITIES: _____ _____ _____ _____ _____ _____ _____	

Attach Transcript and/or COMPASS, DD-214 Scores and OF-306 ONLY to application. NO other attachments!